How significant are ‘significant others’?
*The influence of the family on sickness absence*

Dr Serena McCluskey
• Seven per-cent of UK working age population receive a disability benefit

• ‘Disability’ defined as “an illness or impairment that limits the usual activities of daily living, including work ability” (OECD, 2009)

• Only 2% of those in receipt of disability benefit return to work

• Back pain a leading cause of sickness absence and work disability
Why do some people become disabled?

- They do not have a more serious health condition or more severe injury
  - So, it’s not about what has happened to them; rather its about why they don’t recover

- They face obstacles to recovery and participation
The obstacles model
- obstacles to work participation

→ biopsychosocial approach
Psychosocial Flags Framework

**Person** - psychosocial factors associated with unfavourable clinical outcomes and the transition to persistent pain and disability

**Workplace** - stem largely from perceptions about the relationship between work and health, and are associated with reduced ability to work and prolonged absence

**Context** - in which the person functions; includes relevant people, systems and policies. These may operate at a societal level, or in the workplace. They are especially important since they may help or hinder the recovery process.
The influence of ‘significant others’

- Significant others (spouse/partner/close family member) have an important influence on an individual’s pain behaviour and disability.

- This influence is rarely explored in relation to recovery from back pain and work participation specifically.
Family and work participation

- Department for Work and Pensions, UK (2011) – “family has an important role to play in facilitating RTW”

- Relationships with ‘significant others’ and ‘family life’ are highlighted in review studies (Snelgrove; Hoving, 2013)

- HSE, UK (2013) ‘A spouse or partner acting as a proxy respondent is associated with a 26% reduction in the likelihood that an individual is recorded as suffering from work related ill-health. This increases to 53% where the proxy respondent is not a spouse or partner”
Studies

- Chronic back pain patients and their significant others (n=28) in the North of England: (1) a Condition Management Programme; and (2) Hospital-based pain clinic
  - (1) all disability benefit claimants
  - (2) half disability benefit claimants; half remained at work

- Patients and their significant others were interviewed separately in their own homes, using an interview schedule derived from the chronic pain version of the Illness Perceptions Questionnaire (Revised) (IPQ-R) (Moss-Morris et al, 2002)
Interview questions

• What do you think was the cause of your relative’s problem?
• What do you expect is going to happen?
• How effective is their treatment plan?
• When do you think they’ll get back to work?
• What has been the effect on you?
• What do you think should be done to help?
Data Analysis

- Data were analysed using template analysis (*King et al*, 2002; King, 2004)

- A-priori themes arranged around the nine subscales of IPQ-R

- Initial template was constructed using the significant other interview data, mapping on patient data
Participants

• Mean age: claimants = 48 years; significant others = 50 years
  working = 49 years; significant others = 37 years
• Gender: majority claimants = male; majority significant others = female
• Majority claimants previously worked in manual occupations, majority of
  working were in managerial or professional occupations
• Majority of claimants had not continued their education past school-leaving
  age; majority of those in work had continued their education
• Majority of dyads=spouse/partner, other were parent/child relationships

Inspiring tomorrow’s professionals
Results:

• When the final template was produced, it was found that those IPQ-R constructs most relevant to work participation were:
  
  1. Beliefs about causality; 2. Consequences of illness;
  
  3. Treatment expectations

• Two additional themes were uncovered:
  
  4. Patient/claimant as genuine;
  
  5. Being a good significant other
Results – ‘Beliefs about Causality’

“I didn’t have any problem with it up until going into that job and that’s why I’ve put it down to doing those things. If I’m in a job where I’m sitting down all day or standing or whatever at a machine all day then it’s going to go, it’s going to continue to go”

[Claimant]

“It’s probably something that he carried in work that hurt his back”

[Significant other]
“What’s important is that I’m not sat down or stood still or something like day after day because it’ll stop me from walking, which will stop me from working”

[Claimant]

“And, as I say to him, who’s going to hire you? With a backache, you know……And who’s gonna let him lie down when he’s working in the factory, no-one are they?”

[Significant other]
“I’ve always worked since I came out of school ….. well I carried on working in the evenings when I was at school and not being able to work has crippled me. I had three jobs at one time; I was working in three jobs, and to go from three jobs to nothing…”

[Claimant]

“I can probably tell when I can see the way he walks if he’s sore or not”

[Significant other]
Results – ‘Being a good significant other’

“I just help him, run up and down stairs when he wants….if he wants something he can ask me and I’ll do it for him”

[Significant other]

“Maybe we’re an odd household because we’re both ill – that makes us more understanding of each other”

[Significant other]
Summary of findings – out of work

- Significant others shared and further reinforced unhelpful illness beliefs of claimants
- Significant others more resigned to permanence and negative inevitable consequences
- Significant others more sceptical about the availability of suitable work and sympathy from employers
- Claimants were keen to stress their ‘authenticity’ and significant others acted as a ‘witness to pain’ or were overly solicitous – good significant other
Non working vs working: ‘Beliefs about causality’

- “I know for a fact it was work because she complained doing it”
  [Significant others of claimants]

- “He goes to work because he just won’t give in to it making him an invalid”
  [Significant others of working]
Non-working vs working: ‘Consequences of illness’

- “How can he get a job with his back the way it is, when he can’t sit down too long, he can’t walk too long, he has to lie down?”
  [Significant other of claimant]

- “He doesn’t not do anything because he’s got pain”
- “I think his mental attitude is probably the reason he works full-time”
  [Significant others of working]
Non-working vs working: ‘Treatment expectations’

- “We’ve tried everything and nothing works”

- “They didn’t do everything they could….I think back pain seems to be at the bottom of their list”

- “It’s accepting that they can’t actually do anything more and you just have to live with it”

[Significant others of claimants]

[Significant other of working]
Working vs non-working:
‘Patient/claimant as genuine’

- I could see how much pain he was in … even sitting down for more than half-an-hour”

[Significant other of claimant]

- “He pushes himself to go to work every single day. He’s not collecting benefits…he’s trying to do something to help himself”

[Significant other of working]
Non-working vs working: ‘Being a good significant other’

• “I know what he’s going through….whatever he needs, I’m willing to do it”

• “I wait on her hand and foot when she’s bad”

[Significant others of claimants]

• “She manages herself remarkably well”

• “He has an amazing pain threshold, such determination”

[Significant others of working]
Summary: working sample

- Significant others focused on what the patient could still do
- Significant others talked about patients as ‘heroic’ in their efforts to remain at work
- Significant others did not ‘blame’ work for the cause of the condition
- Significant others were supportive of the patients efforts in continuing to participate in normal activities, suggesting they were ‘good’ patients
- Significant others did not expect the back pain to be cured, but were positive about effective pain management
- Significant others had a greater degree of acceptance
Overall Summary

• Significant others have similar and in some cases, stronger beliefs than patients about treatment for persistent back pain and work participation (helpful and unhelpful!)

• Significant others could be valuable resource

• Wider social circumstances need to be acknowledged as obstacles or facilitators to work participation

• Focusing on the individual as the sole target for intervention may not always be appropriate/effective
Next steps - things to think about!

Inspiring tomorrow's professionals
Ongoing research

- **Primary care setting** – patients struggling to return to work

- **The Netherlands:**
  - moderate to high levels of perceived self-efficacy and low levels of punishing responses; moderate levels of solicitous and distracting responses, but significant others reported higher levels of catastrophizing than their spouses.
  - Significant others were viewed as an important factor in helping maintain continued work participation by workers with CMP.
What next?

- 3 evidence-informed leaflets
  - workplace
  - worker
  - healthcare
- Evidence-informed
- Practical advice on return to work processes
- Facilitate communication and understanding
- Synchronous distribution
- Free PDFs

advice for workers with muscle and joint problems
helping you to stay active and working

www.tsoshop.co.uk/evidence-based
Acknowledgements/references

Dr Joanna Brooks; Professor Nigel King & Professor Kim Burton

McCluskey et al., BMC Musculoskeletal Disorders, 2011;12, 236
Brooks et al., BMC Musculoskeletal Disorders, 2013; 14, 48
McCluskey et al., WORK, 2013 (pre-press online)